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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number

10/596,947

Filing Date

29 June 2006

First Named Inventor

GELARDI, John A.

Art Unit

3753

Examiner Name

Not Yet Assigned

Attorney Docket Number

CPG 09-64 MB

**ENCLOSURES (Check all that apply)**

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/  
Incomplete ApplicationReply to Missing Parts  
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a

Provisional Application

☐ Power of Attorney, Revocation

Change of Correspondence Address

☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ Landscape Table on CD

Remarks



After Allowance Communication to TC

Appeal Communication to Board  
of Appeals and InterferencesAppeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify  
below).

Oath or Declaration Form (signed)

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

MEADWESTVACO CORPORATION

Signature

/Alexandra B Urban/

Printed name

ALEXANDRA B. URBAN, ESQ.

Date

15 May 2007

Reg. No.

45,171

**CERTIFICATE OF TRANSMISSION/MAILING**I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: **VIA EFS-WEB**

Signature

/Ivette Reyes/

Typed or printed name

IVETTE REYES

Date

15 May 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****ADDRESS TO:**

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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US Serial No:	10/596,947	:	CORRESPONDENCE ADDRESS
Filed:	29 June 2006	:	SAME AS CUSTOMER NUMBER: 38235
TITLE:	Child Resistant Visible Blister End Cap	:	Confirmation No 2782
INVENTOR(S):	GELARDI, John A.	:	Group Art Unit: 3763
		:	<b>TOTAL AMOUNT OF PAYMENT: (\$) 130.00</b>

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**FEE TRANSMITTAL SHEET FOR FY 2007***Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Deposit Account # 50-2616
<input type="checkbox"/> Credit Card	<input checked="" type="checkbox"/> Charge fee(s) indicated below
<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Charge any add'l fee(s) or underpayments of fee(s) (37 CFR 1.16 & 1.17)
<input type="checkbox"/> None	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****(1.) BASIC FILING, SEARCH, AND EXAMINATION FEES:**

APPLICATION TYPE	FILING FEES	SEARCH FEES	EXAMINATION FEES	FEES PAID (\$)
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

**(2.) EXCESS CLAIM FEES:**

Type of Claim	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
Total Claims		=	x \$50	
Indep. Claims		=	x \$200	
Mult. Dep. Claims		=	= \$360	

**(3.) APPLICATION SIZE FEE (35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s):**

Total Sheets	Extra Sheets	No. of ea. add'l 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100	= /50	= (round up to whole #)	x \$250 =	

**(4.) OTHER FEE(S):**

Type of Other Fee	Fee (\$)	Fee Paid (\$)
Non-English Specification		
Other: Surcharge Late Oath	130.00	130.00

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**SUBMITTED BY:**

SIGNATURE: /Alexandra B Urban/

TYPED OR PRINTED NAME: ALEXANDRA B. URBAN

DATE: 15 May 2007

ATTORNEY REGISTRATION NO.: 45,171

TELEPHONE: 212-318-5675

☒ ELECTRONICALLY FILED USING THE EFS-WEB ELECTRONIC FILING SYSTEM OF THE UNITED STATES PATENT & TRADEMARK OFFICE ON MAY 15, 2007